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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 10/812,572			ing Date 29/2004	To be Mailed
APPLICATION AS FILED — PART I (Column 1) (Column 2)									SMALL ENTITY				HER THAN ALL ENTITY
	FOR		NUMBER FILED		ED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			1	N/A		N/A			N/A			N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A				N/A		N/A			N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A				N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		us 20 =	*			x \$ =		OR	x \$ =	
IND	EPENDENT CLAIN CFR 1.16(h))	IS	minus 3 =		nus 3 =	*			X \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE	If the specification and dra sheets of paper, the applic is \$250 (\$125 for small en additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and				ication size fee due ntity) for each action thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	02/15/2008	CLAIMS REMAINII AFTER AMENDM			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 27	М	linus	** 33		= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	* 6	М	linus	***6		= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))												
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIM REMAIN AFTEI AMENDM	ING R		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	М	linus	**		=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	*	М	linus	***		=		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR		
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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